

PART B - FEE(S) TRANSMITTAL

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04/26/2010

CARLSON, GASKEY & OLDS, P.C.
 400 WEST MAPLE ROAD
 SUITE 350
 BIRMINGHAM, MI 48069

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Amy M. Malvitz

(Depositor's name)

Amy M. Malvitz

(Signature)

July 15, 2010

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10725,885	12/02/2007	Dale Eschenburg	60130-1937	3377

TITLE OF INVENTION: MODULAR BEARING CASE WITH INTEGRATED LUBRICATION PUMP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1310	\$300	\$0	\$1610	07/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
FENSTERMAKER, DAVID MORLAN	3656	164-006120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO-59/127) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Carlson, Gaskey & Olds

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ArvinMeritor Technology, LLC

Troy, MI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1482 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John M. Siragusa

Date July 15, 2010

Typed or printed name

John M. Siragusa

Registration No. 46,174

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